

0003

C/007/005 Incoming
C/007/018
C/007/034
C/007/039
C/041/002



KATHY L. BRITTIN
Risk Manager

July 30, 2009

Via UPS Next Day

Mr. Daron Haddock
Utah Department of Natural Resources
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Salt Lake City, UT 84114-5801

Re: Canyon Fuel Company, LLC/Mountain Coal Company, L.L.C.
Certificates of Liability Insurance

Dear Mr. Haddock:

Enclosed are new Certificates of Liability Insurance for the following:

Canyon Fuel Company, LLC: Permits: C007005, C007018, C007039
C007034, C0041002

Mountain Coal Company, L.L.C.: Permit: ACT/007/016

I trust you will find the enclosures to be in order.

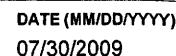
Sincerely,

Kathy Brittin
Risk Manager

Enclosures

cc: Rick Parkins, Arch Western Bituminous Group
Chris Hansen, CFC-Skyline
Gregg Galecki, CFC-Skyline
Mike Davis, CFC-Sufco
Vicky Miller, CFC-Dugout
Kathy Welt, MCC

RECEIVED
AUG 03 2009
DIV. OF OIL, GAS & MINING



PRODUCER
Marsh USA Inc.
701 Market Street, Suite 1100
St. Louis, MO 63101-1830
Attn: stlouis.certrequest@marsh.com

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

001950--Reg-09-10

Y

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Mountain Coal Company, L.L.C.
P.O. Box 591
1 Mile East of Somerset - Hwy 133
Somerset, CO 81434

INSURER A: National Union Fire Ins Co Pittsburgh PA

19445

INSURER B:

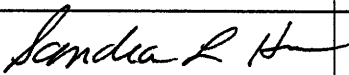
INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | | TYPE OF INSURANCE | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------------|---|---|--|--|------------------------------------|-------------------------------------|-------------------------------------|------------|
| A | | GENERAL LIABILITY | | GL093-61-11 *****A \$500,000 general aggregate *****per location***** | 07/31/2009 | 07/31/2010 | EACH OCCURRENCE | \$ 300,000 |
| | X | COMMERCIAL GENERAL LIABILITY | DAMAGE TO RENTED PREMISES(Ea occurrence) | | | | \$ 50,000 | |
| | | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | MED EXP (Any one person) | | | | \$ 5,000 | |
| | X | Explosion Liability (XCU) | PERSONAL & ADV INJURY | | | | \$ 300,000 | |
| | | GENERAL AGGREGATE LIMIT APPLIES PER | GENERAL AGGREGATE | | | | \$ * 500,000 | |
| | | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 500,000 |
| | | AUTOMOBILE LIABILITY | |  SANDRA L. HAM Notary Public-Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires on: Jan. 18, 2013 Commssion #09450177 | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | BODILY INJURY (Per person) | \$ | | |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | BODILY INJURY (Per accident) | \$ | | |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | <input type="checkbox"/> HIRED AUTOS | | | | | | |
| | | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| | | GARAGE LIABILITY | | My Commission Expires on: Jan. 18, 2013 Commssion #09450177 | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | OTHER THAN EA ACC | \$ | | |
| | | <input type="checkbox"/> | | | AUTO ONLY: AGG | \$ | | |
| | | EXCESS / UMBRELLA LIABILITY | | | | | EACH OCCURRENCE | \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | | AGGREGATE | \$ |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | | | \$ |
| | | <input type="checkbox"/> RETENTION \$ | | | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | WC STATU-TORY LIMITS | OTH-ER |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N | | | | | E.L. EACH ACCIDENT | \$ |
| | | (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | OTHER | | | | | | |

| | |
|--|--|
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS | |
| | |

Permit ACT/007/016, Gordon Creek Mines 2, 7, & 8
Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER

CHI-002370113-23

CANCELLATION

Utah Dept. Of Natural Resources
Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~NOT~~ NOT MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

ACORD 25 (2009/01)

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The ACORD name and logo are registered marks of ACORD

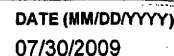
IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER


This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



| | | |
|---|---|-----------------|
| PRODUCER Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: stlouis.certrequest@marsh.com | THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| 001950--Reg-09-10 | Y | |
| INSURED | INSURERS AFFORDING COVERAGE | |
| Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501 | INSURER A: National Union Fire Ins Co Pittsburgh PA | NAIC # 19445 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

5

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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|----------------|---|---|--|------------------------------------|-------------------------------------|---|
| A | | GENERAL LIABILITY | GL093-61-11 *****A \$500,000 general aggregate *****per location***** | 07/31/2009 | 07/31/2010 | EACH OCCURRENCE \$ 300,000 |
| | X | COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES(Ea occurrence) \$ 50,000 |
| | | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 5,000 |
| | X | Explosion Liability (XCU) | | | | PERSONAL & ADV INJURY \$ 300,000 |
| | | GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | GENERAL AGGREGATE \$ * 500,000 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 500,000 |
| | | AUTOMOBILE LIABILITY |  SANDRA L. HAM Notary Public-Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires on: Jan. 18, 2013 Commssion #09450177 | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | <input type="checkbox"/> HIRED AUTOS | | | | |
| | | <input type="checkbox"/> NON-OWNED AUTOS | | | | |
| | | | | | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC \$ |
| | | | | | | AUTO ONLY: AGG \$ |
| | | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | \$ |
| | | <input type="checkbox"/> RETENTION \$ | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N | | | | E.L. EACH ACCIDENT \$ |
| | | (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | |

| | |
|--|--|
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS | |
| | |

Permit Soldier Canyon Mine C007018
Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER

CHI-002370118-24

CANCELLATION

**Utah Dept. Of Natural Resources
Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL PROVIDE BY MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

ACORD 25 (2009/01)

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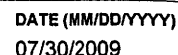
IMPORTANT

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If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

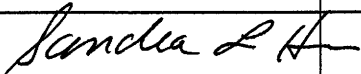
This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



| PRODUCER Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: stlouis.certrequest@marsh.com | THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | | | | | | | | | |
|---|--|-----------------------------|--------|---|-------|------------|--|------------|--|------------|--|------------|--|
| 001950--Reg-09-10 | Y | | | | | | | | | | | | |
| INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501 | <table border="1"> <thead> <tr> <th data-bbox="794 205 1349 220">INSURERS AFFORDING COVERAGE</th> <th data-bbox="1349 205 1515 220">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="794 220 1349 231">INSURER A: National Union Fire Ins Co Pittsburgh PA</td> <td data-bbox="1349 220 1515 231">19445</td> </tr> <tr> <td data-bbox="794 231 1349 241">INSURER B:</td> <td data-bbox="1349 231 1515 241"></td> </tr> <tr> <td data-bbox="794 241 1349 252">INSURER C:</td> <td data-bbox="1349 241 1515 252"></td> </tr> <tr> <td data-bbox="794 252 1349 262">INSURER D:</td> <td data-bbox="1349 252 1515 262"></td> </tr> <tr> <td data-bbox="794 262 1349 273">INSURER E:</td> <td data-bbox="1349 262 1515 273"></td> </tr> </tbody> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: National Union Fire Ins Co Pittsburgh PA | 19445 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | |
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| INSURER B: | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | |

10

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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|----------------|--|--|--|------------------------------------|-------------------------------------|--|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Explosion Liability (XCU) GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | GL093-61-11 *****A \$500,000 general aggregate *****per location***** | 07/31/2009 | 07/31/2010 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES(Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ * 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS |  SANDRA L. HAM Notary Public-Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires on: Jan. 18, 2013 Commission #09450177 | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | |

| | |
|---|--|
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS | |
|---|--|

Permit Skyline Mine C007005
Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER CHI-002370116-24

CANCELLATION

**Utah Dept. Of Natural Resources
Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801**

[illegible]

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

ACORD 25 (2009/01)

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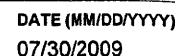
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|---|---|--|-----------------------------|--------|---|-------|------------|--|------------|--|------------|--|------------|--|
| 001950--Reg-09-10 | Y | | | | | | | | | | | | | |
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| INSURER B: | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | |

11

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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| | X | Explosion Liability (XCU) | | | | PERSONAL & ADV INJURY | \$ 300,000 |
| | | GENERAL AGGREGATE LIMIT APPLIES PER | | | | GENERAL AGGREGATE | \$ * 500,000 |
| | | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | PRODUCTS - COMP/OP AGG | \$ 500,000 |
| | | AUTOMOBILE LIABILITY | <i>Sandra L H</i> SANDRA L. HAM Notary Public-Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires on: Jan. 18, 2013 Commssion #09450177 | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | <input type="checkbox"/> HIRED AUTOS | | | | | |
| | | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | | AUTO ONLY: AGG | \$ |
| | | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS | OTH-ER |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N | | | | E.L. EACH ACCIDENT | \$ |
| | | OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | OTHER | | | | | |

| | |
|--|--|
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS | |
|--|--|

Permit SUFCO Mine C041002

Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER

CHI-002370114-24

CANCELLATION

Utah Dept. Of Natural Resources
Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~NOT~~ ADVISE BY MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

ACORD 25 (2009/01)

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2009

| | | | |
|---|---|--|---------------|
| PRODUCER Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: stlouis.certrequest@marsh.com | | THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| 001950--Reg-09-10 | Y | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501 | | INSURER A: National Union Fire Ins Co Pittsburgh PA | 19445 |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------------|-------|---|---|------------------------------------|-------------------------------------|---|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Explosion Liability (XCU) GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | GL093-61-11 *****A \$500,000 general aggregate *****per location***** | 07/31/2009 | 07/31/2010 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ * 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | <i>Sandra L H</i> SANDRA L. HAM Notary Public-Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires on: Jan. 18, 2013 Commission #09450177 | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Permit Dug Out Canyon Mine C007039
Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER

CHI-002370115-24

CANCELLATION

Utah Dept. Of Natural Resources
Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~NOTIFY BY MAIL~~
45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
~~NOTIFY BY MAIL~~
~~NOTIFY BY MAIL~~

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2009

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| 001950--Reg-09-10 | Y | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501 | | INSURER A: National Union Fire Ins Co Pittsburgh PA | 19445 |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

10

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| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------------|-------|--|---|------------------------------------|-------------------------------------|---|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Explosion Liability (XCU) GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | GL093-61-11 *****A \$500,000 general aggregate *****per location***** | 07/31/2009 | 07/31/2010 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ * 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | <i>Sandra L H</i> SANDRA L. HAM Notary Public-Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires on: Jan. 18, 2013 Commission #09450177 | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Permit Banning Loadout C007034
Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER

CHI-002370117-24

CANCELLATION

Utah Dept. Of Natural Resources
Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801

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